

Case Number:	CM14-0162995		
Date Assigned:	10/08/2014	Date of Injury:	09/17/2009
Decision Date:	11/26/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year-old male with a 9/17/09 date of injury. Mechanism of injury was a motor vehicle accident. The patient was most recently seen by a neurosurgeon on 9/15/14 with complaints of neck and upper extremity symptoms. Exam findings revealed motor weakness graded 4+ to 5- involving the intrinsic interosseous muscles and grip strength to the right hand. The motor strength in all other muscle groups tested in the upper extremities was 5/5. A CT of the cervical spine dated 12/30/13 (actual report not included) showed: 1) C3-4 disc bulge effacing the thecal sac with mild right and moderate left foraminal narrowing, and bilateral exiting nerve root compromise. 2) C5-6 disc bulge effacing the thecal sac without canal or foraminal stenosis. 3) C6-7 disc bulge effacing the thecal sac and causing moderate left and mild right foraminal narrowing and bilateral exiting nerve root compromise. 4) C7-T1 disc bulge effacing the thecal sac and causing moderate bilateral foraminal narrowing and bilateral exiting nerve root compromise. The patient's diagnoses included: 1) Very significant high-grade foraminal stenosis C6-7 and C7-T1 more towards the left hand side. 2) Arm radiculopathies are related to cervical nerve compression. The medications included Tylenol. Significant Diagnostic Tests: CT, cervical spine Treatment to date: medication, physical therapy, topical analgesic cream an adverse determination was received on 9/22/14 due to inadequate documentation of conservative treatment performed to date, and the absence of a detailed neurological exam.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

C6-7, C7-T1 Decompression Surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter)

Decision rationale: CA MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. This patient has been under care for traumatic injuries to the neck and back that occurred 5 years ago. He has continued to complain of neck and upper extremity symptoms, and had been recommended to undergo cervical spine decompression surgery. The most recent neurological exam revealed motor weakness graded 4+ to 5- involving the intrinsic interosseous muscles and grip strength to the right hand. The motor strength in all other muscle groups tested in the upper extremities was 5/5. A CT of the cervical spine confirmed neuroforaminal narrowing at the C6-7 and C7-T1 levels, as well as compromise of the bilateral exiting nerve roots. The patient has failed epidural steroid injection and medication. Therefore, the request for C6-7, C7-T1 Decompression Surgery is medically necessary.